



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE/FAMILY SUPPORT UNIT**

TO: Daycare Voucher Check Participants

FROM: Thomas Sheppard, Family Support Unit Administrator

SUBJECT: DIRECT DEPOSIT AUTHORIZATION FORM

Direct Deposit is a feature within the Automated Child Care System that is available to all Day Care Voucher Participants as an alternative method to receive day care payments which will allow deposit directly to your bank checking/savings account. You will receive a payment stub through the mail a few days after your payment is deposited to your account, as well as a back-up indicating what clients you have received payments for.

If you are interested in this option, please complete the attached form, attach a VOIDED check and return to our office at the address below. If you have any questions with filling out your forms, please contact Delois Calhoun at (501) 683-0032 or 1-800-322-8176.

Return Address:
DHS/Division of Child Care
Attention: Delois Calhoun
P.O. Box 1437, Slot S-145
Little Rock, AR 72203

Instructions:
Direct Deposit Authorization Form
Complete, sign and attach a voided check

Attachments: Direct Deposit Authorization Form
Sample Direct Deposit Authorization Form

**Arkansas Direct Deposit System
General Expense Direct Deposit Authorization Form**

Agency Code: **710**

Agency Title: **Family Support Unit**

Date: _____

Contact Person: Delois Calhoun
DHS Family Support Unit
P.O. Box 1437, Slot S-145
Little Rock, AR 72203
(501) 683-0032

Check Where Applicable:

- ☐ New Enrollment. Complete entire form and sign.
- ☐ Change of Financial Institution and/or Account
- ☐ Cancellation of Participation. Please sign form.

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the financial institution indicated below to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries.

Name of Financial Institution: _____

City of Bank Location: _____ State: _____ Zip: _____

Select one type of account: ☐ Checking Account # _____
☐ Savings Account # _____

This authority is to remain in effect until ADDS has received written notification from me of its termination. I understand that by having payment deposited in this manner, a direct deposit advice notification will be available and that there will be no charge.

Social Security Number: _____ - _____ - _____ Federal ID: _____

Name (Facility): _____ Facility Number: _____

Address: _____ Telephone No.: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature _____

ATTACH VOIDED CHECK TO THIS FORM.

AGENCY USE ONLY:

Bank Routing Number

Account Number

Account Type

**Arkansas Direct Deposit System
General Expense Direct Deposit Authorization Form**

Agency Code: 710

Agency Title: Family Support Unit

Date: 7/1/2003

Contact Person: Delois Calhoun
DHS Family Support Unit
P.O. Box 1437, Slot S-145
Little Rock, AR 72203
(501) 683-0032

Check Where Applicable:

- ☒ New Enrollment. Complete entire form and sign.
- ☐ Change of Financial Institution and/or Account
- ☐ Cancellation of Participation. Please sign form.

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the financial institution indicated below to credit the net amount to the account. Should an incorrect entry be made, ADDS is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries.

Name of Financial Institution: Regions Bank

City of Bank Location: Little Rock State: AR Zip: 72203

Select one type of account: ☒ Checking Account # 123456789
☐ Savings Account # _____

This authority is to remain in effect until ADDS has received written notification from me of its termination. I understand that by having payment deposited in this manner, a direct deposit advice notification will be available and that there will be no charge.

Social Security Number: 123 - 45 - 6789 Federal ID: 710111111

Name (Facility): Smith Day Care Facility Number: 00000

Address: 1234 Main Street Telephone No.: 501-555-1111

City: Little Rock State: AR Zip: 72201

Date: 7/1/2003 Signature: Joe Smith

ATTACH VOIDED CHECK TO THIS FORM.

AGENCY USE ONLY:

Bank Routing Number

Account Number

Account Type
